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Image# 11972755791

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

'	or other man	All Authorized	Committee		Office Use Only				
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5				
American Podiatric Med	dical Associat	ion Political A	Action Co	mmittee	1 1 1 1 1		1		
ADDRESS (number and street)	9312 Old Georget	own Road							
Oh a ala if different	1		1 1 1 1	1 1 1 1			, , , , <b>,</b> ,		
Check if different than previously reported. (ACC)	Bethesda				MD	20814-1698	-		
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	STATE 🛦	ZIP CO	DE 🛦		
C C00008839		3. IS THIS REPORT	V .	NEW OR	AM (A)	IENDED			
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q: July 15 Quarterly Report (Q: Quarterly Report (Q: January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-EI Report  (d) 30-Day	Flection on		12C)	Sep	in the	Special (30S)		
5. Covering Period 11	01	2011	through	11_	/ 30_ /	2011			
I certify that I have examined thi Type or Print Name of Treasurer	•	•	wledge and b	pelief it is true	e, correct and	d complete.			
Signature of Treasurer Dr. W	illiam Dabdoub DPM		[Electronically		ate 12	/ 20 / 20	2011		
NOTE: Submission of false, errone Office	ous, or incomplete	information may su	bject the pers	son signing thi	is Report to th	-			
Use Only						FEC FOR Rev. 12/2			

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 11 01 2011 To: 11 30 2011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand  January 1,  2011		243863.33			
	(b) Cash on Hand at Beginning of Reporting Period	423198.16				
	(c) Total Receipts (from Line 19)	19762.00	430251.94			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	442960.16	674115.27			
7.	Total Disbursements (from Line 31)	31000.00	262155.11			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	411960.16	411960.16			
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 11	01 2011 To:	11 30 2011				
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11. Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees						
(i) Itemized (use Schedule A)	12703.00	273966.33				
(ii) Unitemized(iii) TOTAL (add	7059.00	147233.50				
Lines 11(a)(i) and (ii)▶	19762.00	421199.83				
(b) Political Party Committees (c) Other Political Committees	0.00	0.00				
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)	19762.00	421199.83				
12. Transfers From Affiliated/Other Party Committees	0.00	0.00				
13. All Loans Received	0.00	0.00				
14. Loan Repayments Received	0.00	0.00				
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
to Federal Candidates and Other Political Committees	0.00	0.00				
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	9052.11				
<ul><li>18. Transfers from Non-Federal and Levin Funds</li><li>(a) Non-Federal Account</li></ul>						
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	19762.00	430251.94				
	19/02.00	430231.34				
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	19762.00	430251.94				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	0.00	10754.11
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	10754.11
22.	Transfers to Affiliated/Other Party	0.00	0.00
	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	31000.00	249500.00
24.	Independent Expenditures	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27. 28.	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	1901.00
			0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	1901.00
20	Others Dishussessesses	000	0.00
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) III ordinii Chara	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31000.00	202455 44
	20, 27, 20, 21, 20(a), 23 and 30(b))	31000.00	262155.11
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	31000.00	262155.11

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19762.00	421199.83
4. Total Contribution Refunds (from Line 28(d))	0.00	1901.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19762.00	419298.83
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	10754.11
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	10754.11

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	E 6 OF	30
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<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation Political Action Committe	е
Full Name (Last, First, Middle Initial)  Dr. Edward Pellecchia		Date of Receipt
Mailing Address 327 Hidden Creek Dr.		11 01 2011
City	State Zip Code	Transaction ID: 19505180
Hatboro	PA 19040-1620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Ankle&Foot Surgical Associates, Inc	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Dr. Daniel Albert Cohen		Date of Receipt
Mailing Address 3942 Sparrow Hawk Rd.		11 03 2011
City	State Zip Code	Transaction ID: 19505622
Melbourne	FL 32934-8524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  C. Dr. Christian Emil Davis		Date of Receipt
Mailing Address Foot & Ankle Specialists of C 21 Cooke St.	CT	11 03 2011
City	State Zip Code	Transaction ID: 19505714
Plainville	CT 06062-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Associated Podiatrists of CT	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1100.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE	7	OF	30
	(checl	k only	one)					
	X	11a	11b		11c	12		
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
,	Association Political Action Committ	ee -
Full Name (Last, First, Middle Initial) Dr. Norman B. Levine		Date of Receipt
Mailing Address 113 Ferry Ct. S.		11 03 2011
City	State Zip Code	Transaction ID : 19505715
Stratford	CT 06615-6065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	262.50	
Full Name (Last, First, Middle Initial) . Dr. Alan L. Stiebel	'	Date of Receipt
Mailing Address 5585 Sunnycrest Dr.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	11 03 2011 Transaction ID : 19505717
West Bloomfield	MI 48323-3866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Date of Bassist
. Dr. Louise Ellen Tortora  Mailing Address 119 Chelsea St.		Date of Receipt  11 05 2011
City	State Zip Code	Transaction ID : 19507183
Fairfield	CT 06824-4942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional	al)	490.00
,	<u>,</u>	
TOTAL This Period (last page this line nun	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14		15	16	6	17

NAME OF COMMITTEE (In Full) American Podiatric Medical A  Full Name (Last, First, Middle Initial) A. Dr. William H. Dabdoub	ssociation Political Action Committe	e
Mailing Address 100 Ayshire Ct.		Date of Receipt  11 06 2011
City Slidell	State Zip Code LA 70461-5034	Transaction ID : 19507185  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  2350.00	
Full Name (Last, First, Middle Initial)  Dr. Aniello Scotti Jr.  Mailing Address 1 Three Pond Rd.		Date of Receipt
City Smithtown	State Zip Code NY 11787-1830	11 07 2011  Transaction ID: 19507187  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Full Name (Last, First, Middle Initial)  Dr. Derek J. McCammon  Mailing Address 9477 S.E. Emerald Loop		Date of Receipt
City Portland	State Zip Code OR 97086-8037	11 07 2011  Transaction ID : 19507188  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	42.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  512.00	
SUBTOTAL of Receipts This Page (optional).		217.00

Use separate schedule(s) for each category of the Detailed Summary Page

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	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

NAME OF COMMITTEE (In Full)  American Podiatric Medical As	sociation Political Action Committe	е
Full Name (Last, First, Middle Initial) Dr. Debra J. Lusk		Date of Receipt
Mailing Address 6260 Delaware		11 07 2011
City	State Zip Code TX 77706-7602	Transaction ID: 19507189
Beaumont	17 ///06-7602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Podiatry Associates of S.E. TX	Podiatric Physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)   Other	250.00	
Full Name (Last, First, Middle Initial) Dr. Lilly Shimahara		Date of Receipt
Mailing Address 8958 Riverside Dr.		11 07 2011
City	State Zip Code	Transaction ID : 19509942
Parker	AZ 85344-8088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Roland A. Palmquist		Date of Receipt
Mailing Address 8958 Riverside Dr.		11 07 _2011 _
City	State Zip Code	Transaction ID: 19509944
Parker	AZ 85344-8088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	
Parker Indian Health Center	Podiatric Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)		2550.00

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<b>X</b> 11a	11b	11c	12	
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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Podiatric Medical A	ssociation Political Action Committe	ee 
Full Name (Last, First, Middle Initial)  1. Dr. Kenneth Paul Seiter Jr.		Date of Receipt
Mailing Address 11534 Kings Way Dr.		11 08 2011
City	State Zip Code	Transaction ID : 19509967
Fort Smith	AR 72916-8394	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	Ì
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Stephen A. Byrne		Date of Receipt
Mailing Address 5735 Riverwood Dr.		11 07 _ 2011 _
City	State Zip Code	Transaction ID : 19512043
Atlanta	GA 30328-3726	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	7
Self-Employed	Podiatric Physician	Ì
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Jeffrey M. Carrel		Date of Receipt
Mailing Address 152 Presidents Walk		11 07 2011
City	State Zip Code	Transaction ID : 19512045
Williamsville	NY 14221-2448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Podiatry Affiliates	Podiatric Physician	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (ontional)		750.00
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TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee  Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Dmitry Sandler Mailing Address 2830 Fairways Dr.  City Homestead  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For:	State Zip Code FL 33035-1176  C Occupation Podiatric Physician	Date of Receipt  11 12 2011  Transaction ID: 19532731  Amount of Each Receipt this Period  100.00
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Gino Scartozzi  Mailing Address 2 Aberdeen Rd.		Date of Receipt  1,1 15 2011
City New Hyde Park	State         Zip Code           NY         11040-2102	Transaction ID : 19533176  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer New Hyde Park Podiatry	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial)  Dr. Alyssa Kay Stephenson  Mailing Address 3665 Merlin Ct.	l	Date of Receipt
City Sturtevant	State Zip Code WI 53177-3804	Transaction ID : 19533889  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Family Foot Clinics of WI	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
TOTAL This Period (last page this line nur	nher only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:					PAGE	 12	OF	30
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Pull Name (Last, First, Middle Initial) Dr. David M. Kaufmann Mailing Address 19 Ellipop Dr.		Date of Receipt
Mailing Address 19 Ellison Dr.		11 03 2011
City	State Zip Code	Transaction ID : 19538025
Bedford	NH 03110-4231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Darthmouth Hitchcock Clinic	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Horst P. Knapp		Date of Receipt
Mailing Address 2612 Geiberger Dr.		M = M / D = D / Y = Y = Y
City	State Zip Code	11 07 2011
Plano	TX 75025-5167	Transaction ID : 19538035  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacri neceipt this refloo
federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	550.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Marcus	·	Date of Receipt
Mailing Address 405 Goldenrod Ave.		11 09 2011
City Corona Del Mar	State Zip Code CA 92625-2913	Transaction ID : 19538036  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	

FOR LINE NUMBER: PAGE 13 OF 30 Use separate sch for each category Detailed Summai

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee  Association Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Andrew Shapiro  Mailing Address 172 Lagoon Dr. W.  City Lido Beach  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code NY 11561-4916  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  425.00	Date of Receipt  11 09 2011  Transaction ID: 19538037  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Dr. Jerry I. Hadrych  Mailing Address 7 Scenic Woods Dr.  City  Morgantown  FEC ID number of contributing federal political committee.  Name of Employer  Morgantown Foot & Ankle Center  Receipt For:  Primary  General  Other (specify)	State Zip Code WV 26508-3616  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  150.00	Date of Receipt  11 14 2011  Transaction ID: 19538041  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) Dr. Jerry I. Hadrych  Mailing Address 7 Scenic Woods Dr.  City Morgantown  FEC ID number of contributing federal political committee.  Name of Employer  Morgantown Foot & Ankle Center  Receipt For:  Primary Other (specify)	State Zip Code WV 26508-3616  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional	NI)	375.00
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan Date of Receipt Mailing Address Austin Foot & Ankle Specialists 5000 Bee Cave Rd. #202 2011 11 20 City Zip Code State Transaction ID: 19543215 TX West Lake Hills 78746-5254 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Austin Foot & Ankle Specialists Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robert J. Warkala Date of Receipt Mailing Address 59 Harrowgate Dr. 11 21 2011 City State Zip Code Transaction ID: 19543236 NJ Cherry Hill 08003-1938 Amount of Each Receipt this Period FEC ID number of contributing 160.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1760.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. William J. Blake Date of Receipt Mailing Address 15 Santos Ln. 11 21 2011 City Zip Code State Transaction ID: 19544899 NM Santa Fe 87506-8915 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Foot & Ankle Associates, Inc. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 760.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:					PAGE	 15	OF	30
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	X	11a		11b		11c	12		
		13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	association Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Dr. Richard A. Armstrong  Mailing Address Falmouth Podiatry  342A Gifford St.  City Falmouth  FEC ID number of contributing federal political committee.  Name of Employer Falmouth Podiatry  Receipt For:  Primary Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code MA 02540-2948  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  11 22 2011  Transaction ID: 19546180  Amount of Each Receipt this Period  50.00
Dr. Tyson E. Green  Mailing Address 4213 Maidstone Dr.  City	State Zip Code	Date of Receipt  11 22 2011
Lake Charles	LA 70605-4033	Transaction ID : 19546181
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial) Dr. Phyllis A. Weinstein  Mailing Address 5104 Densmore Ave.	•	Date of Receipt
City Encino  FEC ID number of contributing federal political committee.	State Zip Code CA 91436-1550	Transaction ID : 19547665  Amount of Each Receipt this Period  22.00
Name of Employer  Self-Employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  220.00	
SUBTOTAL of Receipts This Page (optional)	·····	122.00
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PAGE 16 OF 30 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Edward A. Bustamante Date of Receipt Mailing Address 2829 Indian Creek Dr. #1010 2011 11 23 City Zip Code State Transaction ID: 19547667 FL Miami Beach 33140-4730 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation S. Miami Foot Health Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Liana G. Seldin Date of Receipt Mailing Address 325 Meridian Ave. #10 11 23 2011 City State Zip Code Transaction ID: 19547668 FL Miami Beach 33139-8713 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Georgina A. Asante Date of Receipt Mailing Address 1900 10th Ave. #305 11 25 2011 City Zip Code State Transaction ID: 19550191 GA Columbus 31901-1400 Amount of Each Receipt this Period FEC ID number of contributing 45.00 С federal political committee. Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)	Ξ	Ī	7	Ξ	Ξ	7	Ī	Ξ	95.0	0	
TOTAL This Period (last page this line number only)	_	_	7	_		7	_	_	_	_	

495.00

Podiatric Physician

Aggregate Year-to-Date ▼

Self-Employed Receipt For:

Primary

Other (specify)

General

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(che	ck only	or	ne)						
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	13		14		15		16		17

NAME OF COMMITTEE (In Full)	Association Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Joseph Christopher Smith  Mailing Address 654 Philadelphia Ave.  City Shillington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For:  Primary General Other (specify)	State Zip Code PA 19607-2769  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	Date of Receipt  11 25 2011  Transaction ID: 19550192  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) Dr. Robert Glenn Rosen  Mailing Address 5130 Sommerville Dr.  City Rockledge  FEC ID number of contributing federal political committee.  Name of Employer Brevard Podiatry Group  Receipt For:  Primary General Other (specify)	State Zip Code FL 32955-6720  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  220.00	Date of Receipt  11 28 2011  Transaction ID: 19550280  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Dr. Robert J. Lenfestey Sr.  Mailing Address 113 Birklands Dr.  City Cary  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Foot & Ankle Clinic  Receipt For:  Primary General Other (specify)	State Zip Code NC 27518-8205  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	545.00
TOTAL This Period (last page this line num	ber only)	

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18 OF 30 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert G. Smith Date of Receipt Mailing Address 723 Lucerne Cir. 2011 11 28 City Zip Code State Transaction ID: 19550569 FL Ormond Beach 32174-4624 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Richard Derner Date of Receipt Mailing Address Lake Ridge Foot & Ankle Center 1721 Financial Loop 11 28 2011 City State Zip Code Transaction ID: 19552096 VA Lake Ridge 22192-2459 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Lake Ridge Foot & Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jonathan E. Moore Date of Receipt Mailing Address 1905 Aldons Way 11 28 2011 City Zip Code State Transaction ID: 19552097 KY Somerset 42503-9195 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Cumberland Foot & Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

FEC Schedule A (Form 3X) Rev. 02/2003

1100.00

SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Dominick Garibaldi Date of Receipt Mailing Address 14-A 67th St. 28 2011 City State Zip Code Transaction ID: 19552100 MA 01950-4443 Newburyport Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Foot & Ankle Associates Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Gregory A. Worley Date of Receipt Mailing Address 694 Chambers Rd. 28 2011 11 City State Zip Code Transaction ID: 19552102 Walton ΚY 41094-9380 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Northern KY Foot Specialists Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

		l .
Full Name (Last, First, Middle Initial) . Dr. Raymond A. DiPretoro Jr.		Date of Receipt
Mailing Address 44 Woodridge Rd.		11 28 2011
City	State Zip Code	Transaction ID: 19552103
Thornton	PA 19373-1038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	_
Advanced Foot & Ankle Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary   General		

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Other (specify)

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NAME OF COMMITTEE (In Full)	and the Bulletin Andrews	
/	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Dr. Animesh S. Bhatia		Date of Receipt
Mailing Address 4561 Neiswander Sq.		1,1 28 2011
City	State Zip Code	Transaction ID : 19552105
New Albany	OH 43054-9642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary ☐ General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  B. Dr. Richard E. Ehle		Date of Receipt
Mailing Address 61 Black Walnut Ln.		1,1 1,7 2011
City	State Zip Code	Transaction ID : 19580874
Burlington	CT 06013-2205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
CT Foot Care Centers	Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		2. (2. )
Mailing Address 284 N. Halifax Dr.		Date of Receipt  11 21 2011
City	State Zip Code	Transaction ID : 19580878
Ormond Beach	FL 32176-5765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	99.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Living out / Claim and	249.00	
Primary General Other (specify) ▼	240.00	
		1099.00

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American Podiatric Medical A	Association Political Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Harold R. Huff Mailing Address 446 Livengood Ln.		Date of Receipt
-		11 21 2011
City	State Zip Code	Transaction ID: 19580880
Sequim	WA 98382-3074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence R. Hufford	·	Date of Receipt
Mailing Address 412 Main St.		11 25 2011
City	State Zip Code	Transaction ID : 19580883
Hamilton	OH 45013-3137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Louis W. Nordeen		Date of Receipt
Mailing Address 8065 Belton Cir.		11 30 2011
City	State Zip Code	Transaction ID : 19580885
Mechanicsville	VA 23116-4055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Premier Foot & Ankle Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
	500.00	
Other (specify) ▼	7	
	)	1050.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 3					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	INOMBET.					
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26					
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Any information copied from such Reports and State								
or for commercial purposes, other than using the na	ne and address of any politic	al committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
$ \; angle$ American Podiatric Medical Assoc	iation Political Actior	n Committe	е					
Full Name (Last, First, Middle Initial)		I						
A. Judy Chu For Congress			Date of Disbursement					
dudy Ond For Congress			M M / D D / Y Y Y Y					
Mailing Address 6380 Wilshire Blvd # 1612			11 08 2011					
City	State Zip Code CA 90048		Transaction ID : 19512051					
Los Angeles Purpose of Disbursement	CA 90048							
r dipose of bisbursement		011	Amount of Each Disbursement this Period					
Candidate Name		Catagony						
Rep. Judy Chu		Category/ Type	1000.00					
•	ment For: 2012							
Senate	Primary General							
President	Other (specify) ▼							
State: CA District: 32								
Full Name (Last, First, Middle Initial)			Data of Dishumannant					
B. Whitfield For Congress Committee	<del>)</del>		Date of Disbursement					
Mailing Address P.O. Box 391			11 08 2011					
Mailing / Marcoo F.O. Box 391			71 00 2011					
City	State Zip Code		Transaction ID : 19512054					
Hopkinsville	KY 42241		Transaction 15 : 13012004					
Purpose of Disbursement		011	Amount of Each Dishuragment this Pariod					
Candidate Name			Amount of Each Disbursement this Period					
Rep. Edward Whitfield		Category/ Type	1500.00					
•	ment For: 2012	Турс	, , , , , , , , , , , , , , , , , , , ,					
Senate	Primary General							
President	Other (specify) ▼							
State: KY District: 01								
Full Name (Last, First, Middle Initial)								
C. John D. Dingell For Congress			Date of Disbursement					
Matthew Address Too too Oct. N. O. is not			M M / D D / Y Y Y Y					
Mailing Address 700 13th Street, Nw, Suite 600			11 08 2011					
City	State Zip Code							
Washington	DC 20005		Transaction ID: 19512065					
Purpose of Disbursement								
		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
Rep. John D. Dingell	mant Fam. 2012	Туре	1000.00					
Office Sought: House Disburse Senate	ment For: 2012 Primary General							
President	Other (specify)							
State: MI District: 15	Carlot (oposity)							
SUBTOTAL of Disbursements This Page (optional).			5000.00					
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SCH	EDULE B (FEC Form 3X)	FOR LINE					E NUMBER: PAGE 23 OF 30					
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I \	ME OF COMMITTEE (In Full)											
/	merican Podiatric Medical Associa	ation Po	olitical Action	n Coı	mm	ittee	) 					
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	itizens For Harkin						Date of	f Disburs		Y		1
	illing Address P O Box 811						11		08	2011		_
City		State	Zip Code				Trans	action IE	: 195120	71		
	s Moines rpose of Disbursement	IA	50304									
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B. F	riends Of John Barrow						Date of	f Disburs		Y	Y = Y	
Ma 	Mailing Address PO Box 8166								08	2011	-	
	vannah	State GA	Zip Code 31412				Trans	action II	) : 195120	72		
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	Il Name (Last, First, Middle Initial)											
	allone For Congress							f Disburs				
Ma	iling Address PO Box 3176						11	/ D	16	2011		
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		NJ	07740				Trans	action II	) : 195343	379		
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	ice Sought:    House   Disbursen											
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:	PAGE 24 OF 30
ITEMIZED DISBURSEMENTS	Use sepa	<b></b>			
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NAME OF COMMITTEE (In Full)					
American Podiatric Medical Assoc	iation Po	olitical Action	n Committe	е	
Full Name (Last, First, Middle Initial)					
<sup>A.</sup> Citizens For Harkin				Date of D	Disbursement
Mailing Address P O Box 811				11	16 2011
City	State	Zip Code		Transac	stion ID + 10524290
Des Moines	IA	50304		Transac	etion ID : 19534380
Purpose of Disbursement			011	Amount o	of Each Disbursement this Period
Candidate Name			Category/		
Sen. Tom Harkin			Type		1500.00
Senate President	ment For: 2 Primary Other (spe	General			
State: IA District:					
Full Name (Last, First, Middle Initial)  B. Citizens For Harkin				Date of F	Disbursement
B. Citizens For Harkin				M M M	/ D D / Y Y Y Y
Mailing Address P O Box 811				11	16 2011
,	State Zip 0			Transac	ction ID : 19534381
Des Moines Purpose of Disbursement	IA	50304			
·			011	Amount o	of Each Disbursement this Period
Candidate Name			Category/		1000.00
Sen. Tom Harkin			Type		1000.00
Senate President	ment For: Primary Other (spe	X General			
State: IA District:					
Full Name (Last, First, Middle Initial)  C. Leadership Today and Tomorrow I	PAC			Date of D	Disbursement
Mailing Address 9869 Easton Drive				11	16 2011
,	State	Zip Code		Transac	ction ID : 19534599
Beverly Hills	CA	90210		mansac	NION ID . 13334333
Purpose of Disbursement			011	A	( Facts District on this Device)
Candidate Name			Category/ Type	of Each Disbursement this Period 2500.00	
Office Sought:  House Senate President State: District:	ment For: Primary Other (spe	General cify) ▼	77.		
SUBTOTAL of Disbursements This Page (optional)					5000.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 30			
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or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Podiatric Medical Association	ciation Political Actio	n Committe	e			
/ /imonean r calatile incalcal /icec		••••••••				
Full Name (Last, First, Middle Initial)						
A. Steve Rothman For New Jersey,	Steve Rothman For New Jersey, Inc.					
			M M / D D / Y Y Y Y			
Mailing Address P.O. Box 714			11 16 2011			
City	Ctata Zin Cada					
City Hackensack	State Zip Code NJ 07602		Transaction ID: 19534600			
Purpose of Disbursement	110 07002					
		011	Amount of Each Disbursement this Period			
Candidate Name						
Rep. Steven R. Rothman		Category/ Type	1000.00			
•	ement For: 2012	.,,,,				
Senate	Primary General					
President	Other (specify)					
State: NJ District: 09						
Full Name (Last, First, Middle Initial)						
B. Tim Murphy For Congress			Date of Disbursement			
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Mailing Address P.O. Box 24551			11 16 2011			
City	State Zip Code		Transaction ID: 19534602			
Pittsburgh Purpose of Disbursement	PA 15234					
r dipose of bisbursement		011	Amount of Each Disbursement this Period			
Candidate Name			THIS OF EACH PROPERTY OF THE P			
Rep. Tim F. Murphy		Category/ Type	1000.00			
	ement For: 2012	.,,,,,	, ,			
Senate	Primary General					
President	Other (specify)					
State: PA District: 18						
Full Name (Last, First, Middle Initial)						
C. Friends Of Maurice Hinchey			Date of Disbursement			
			M M M / D D / Y Y Y Y			
Mailing Address PO Box 4497			11 16 2011			
-						
City	State Zip Code NY 12402		Transaction ID: 19534603			
Kingston Purpose of Disbursement	NY 12402					
. 4.,5000 0. 2.024.00		011	Amount of Each Disbursement this Period			
Candidate Name			Amount of Lacif Disbursement this Feriod			
Rep. Maurice D. Hinchey		Category/ Type	1000.00			
	ement For: 2012	71				
Senate	Primary General					
President	Other (specify) ▼					
State: NY District: 22	_					
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SUBTOTAL of Disbursements This Page (optional)			3000.00			
TOTAL This Period (last page this line number on	y)					

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 26 OF 30
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NAME OF COMMITTEE (In Full)	ation Dolitical Action	Committe	0
American Podiatric Medical Assoc	ation Political Action	Committee	е
Full Name (Last, First, Middle Initial)			B
A. Boswell For Congress		Date of Disbursement	
Mailing Address PO Box 1814			11 16 2011
•	State Zip Code		Transaction ID: 19534604
Des Moines	IA 50305		114110404101112 1 10001001
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Leonard L. Boswell		Type	1000.00
Senate President	nent For: 2012 Primary General Other (specify)		
State: IA District: 03			
Full Name (Last, First, Middle Initial)			B
Geoff Davis For Congress			Date of Disbursement
Mailing Address PO Box 17192			11 16 2011
City Ft Mitchell	State Zip Code KY 41017		Transaction ID: 19534607
Purpose of Disbursement	41017		Assessment First Bills
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Geoff Davis		Category/	500.00
•	ment For: 2012	Туре	
	Primary General Other (specify) ▼		
State: KY District: 04			
Full Name (Last, First, Middle Initial)  Geoff Davis For Congress			Date of Disbursement
Mailing Address PO Box 17192			11 16 2011
City	State Zip Code		
Ft Mitchell	KY 41017		Transaction ID: 19534608
Purpose of Disbursement			
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Geoff Davis		Category/	500.00
	ment For: 2012	Туре	7 7
Senate Dispurse	Primary General		
President	Other (specify)		
State: KY District: 04	, , , , , , , , , , , , , , , , , , ,		
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S	CHEDULE B (FEC Form 3X)			FOR L	INE N	UMBER:		PAG	E 27	OF 30				
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	NAME OF COMMITTEE (In Full)													
	American Podiatric Medical Associa	ation P	olitical Action	n Comm	nittee	)								
$\overline{}$	Full Name (Last, First, Middle Initial)													
Α.	Friends Of Tim Johnson					Date of	Disburse		YY	Y				
	Mailing Address PO Box 17097					11	10	6	2011					
	,	State	Zip Code			Trans	action ID	: 19534611	l					
	Urbana  Durnaga of Dishurasment	IL	61803											
	Purpose of Disbursement			011		Amount	of Each	Disbursem	ent this	Period				
	Candidate Name			Category	y/				1000	0.00				
	Rep. Timothy V. Johnson	ant F-	2010	Туре			7	7	.00					
	President	nent For: Primary Other (sp	General											
	State: IL District: 15													
_	Full Name (Last, First, Middle Initial)													
В.	Vern Buchanan For Congress						Date of Disbursement							
	Mailing Address P. O. Box 48928					11	1	6	2011					
	Sarasota	State FL	Zip Code 34230			Trans	action ID	: 19534866	6					
	Purpose of Disbursement			011	7	Amount	of Each	Disbursem	ent this	Period				
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	Rep. Vern Buchanan			Type			7	7	100	0.00				
		Primary	General											
	President State: FL District: 13	Other (sp	ecify) 🔻											
_	Full Name (Last, First, Middle Initial)													
C.	Lee Terry For Congress					Date of	Disburse		ΥΥΥ	Y				
	Mailing Address PO Box 540098			11	16		2011							
		State	Zip Code			Trans	action ID	: 1953512°	l					
		NE	68154				_							
	Purpose of Disbursement 011					A	of Fool	D:=h==		Daviad				
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	Rep. Lee Terry			Category Type	y/				2500	0.00				
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_	State: NE District: 02													
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 28 OF 30			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 X 23 24 25 26			
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NAME OF COMMITTEE (In Full)						
American Podiatric Medical Asso	ciation Political Actior	n Committe	e			
Full Name (Last, First, Middle Initial)						
A. Hoyer For Congress			Date of Disbursement			
Mailing Address 700 13th Street, Nw Suite 600			11 16 2011			
City	State Zip Code		Transaction ID: 19535123			
Washington Purpose of Disbursement	DC 20005					
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1500.00			
Rep. Steny H. Hoyer		Туре	100000			
Office Sought:    House   Disburs	sement For: 2012  Primary General  Other (specify) ▼					
State: MD District: 05						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
B. Friends Of Joe Pitts	· Friends Of Joe Pitts					
Mailing Address PO Box 775			11 16 2011			
City Unionville	State Zip Code PA 19375		Transaction ID: 19535124			
Purpose of Disbursement		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Joseph R. Pitts	_	Туре	1000.00			
	sement For: 2012  ✓ Primary General  Other (specify) ▼					
Full Name (Last, First, Middle Initial)  C. Citizens For Tom Petri			Date of Disbursement			
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Mailing Address P.O. Box 270		11 16 2011				
City	State Zip Code		Transaction ID : 10525250			
Fond Du Lac	WI 54936		Transaction ID: 19535260			
Purpose of Disbursement						
Candidate Name		011	Amount of Each Disbursement this Period			
Rep. Thomas E. Petri		Category/	1000.00			
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Α.	Jon Runyan For Congress, Inc						Date of Disbursement								
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В.	Peterson For Congress						Date of	f Disb	ourser	nent					
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	Rep. Collin C. Peterson				ype	,,		,		7		100	0.00	J	
	Office Sought:   House   Disbursen	nent For:	2012												
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	President	Other (spe	ecify) 🔻												
	State: MN District: 07														
	Full Name (Last, First, Middle Initial)														
C.	Michaud For Congress						Date of	f Disb	ourser	nent					
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	Mailing Address 213 Lisbon St						11		16		2	011			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF 30					
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or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
American Podiatric Medical Associ	ation Political Action	Committe	е					
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Mailing Address 213 Lisbon St			11 16 2011					
City	State Zip Code							
Lewiston	ME 04240		Transaction ID: 19535819					
Purpose of Disbursement								
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Candidate Name		Category/						
Rep. Michael H. Michaud		Type	1000.00					
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